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FACSIMILE TRANSMISSION

Total # of Pages 5 (including this page)

TO:	PHONE #:	FAX #:
Examiner Shin Lin Chen U.S. Patent and Trademark Office	(571) 272-0726	(703) 872-9307

<p>From : Stacy L. Taylor</p> <p>Email Address : staylor@foley.com</p> <p>Sender's Direct Dial : 858.847.6720</p> <p>Date : September 10, 2004</p> <p>Client/Matter No : 041673-2045</p> <p>User ID No : 3054</p>

MESSAGE:

Applicant: Mark Tuszynski
Title: MUTANT PRO-NEUROTROPHIN WITH IMPROVED ACTIVITY
Appl. No.: 09/788,188
Filing Date: 02/16/2001
Examiner: Shin Lin Chen
Art Unit: 1632

Enclosed:

Notice of Appeal from the Examiner to the Board of Patent Appeals and Interferences, in duplicate (4 pages).

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Atty. Dkt. No. 041673-2045

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Mark Tuszynski
Title: MUTANT PRO-
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CERTIFICATE OF FACSIMILE TRANSMISSION I hereby certify that this paper is being facsimile transmitted to the United States Patent and Trademark Office, Washington, D.C. on the date below. <u>Michelle Simpson</u> (Printed Name) <u>Michelle Simpson</u> (Signature) <u>September 10, 2004</u> (Date of Deposit)
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**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD
OF PATENT APPEALS AND INTERFERENCES**

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the Examiner in the Final Office Action dated March 10, 2004.

- ☒ [X] Applicant claims small entity status.
- ☒ [X] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:
- ☒ [X] Notice of Appeal Fee
- ☒ [X] To be paid as detailed below

Atty. Dkt. No. 041673-2045

The required fees are calculated below:

<input checked="" type="checkbox"/>		Notice of Appeal Fee	\$330.00
<input checked="" type="checkbox"/>	Extension for response filed within the third month:		\$950.00
<input type="checkbox"/>	Extension:		\$0.00
	FEE TOTAL:		\$1280.00
<input checked="" type="checkbox"/>	Small Entity Fees Apply (subtract 1/2 of above):		\$640.00
	TOTAL FEE:		\$640.00

☒ Please charge Deposit Account No. 50-0872 in the amount of \$640.00 . A duplicate copy of this transmittal is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

9-10-07

By

Stacy L. Taylor

Reg # 51,182

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